



## Bonnie Harder, D.C.

Certified by the Healing Oasis and Wellness Center of WI and International  
College of Animal Chiropractors  
Servicing Northern Illinois  
815-757-0425

[www.HolisticBalanceAnimalChiro.com](http://www.HolisticBalanceAnimalChiro.com)

### Request for Consultation and Participation from Primary Veterinarian for Chiropractic Referral

Date: \_\_\_\_\_

Name of Referring Veterinarian: \_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

As primary veterinarian, the patient listed below has been seen, examined, and/or treated by myself for the following condition(s):

\_\_\_\_\_  
\_\_\_\_\_

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Type (horse/dog/cat): \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

At this time I deem it appropriate to refer this patient to Bonnie Harder, D.C. (chiropractor) for secondary care. All the information pertaining to the patient's condition(s) and health history, including but not limited to, previous diagnostic tests, diagnoses, treatment, and prognoses are being forwarded to Bonnie Harder, D.C. by:

Fax 815-516-0473     Email drbonniedc@hbac4all.com     Mail 16547 E McNeal Rd, Monroe Center, IL 61052

Signed by Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Please let me know what kind of future communication you would like regarding the chiropractic care of this patient. If you have any questions regarding the chiropractic care that is being rendered, please feel free to contact me by cell phone, email, or mail. Thank you.